

Demonstration to Maintain Independence and Employment: Recovery and Self-Direction for Persons with Mental Illness

Overview

This paper provides background to the Demonstration to Maintain Independence and Employment (DMIE) solicitation. The solicitation calls for innovative methods to assist people with mental illness who are at risk of losing their employment and entering the public mental health and Social Security disability systems. Work is a central source of identity, hope and sense of social connectedness, in addition to its economic benefits.

The goal of the paper is to suggest that recovery and self-direction models can assist persons with mental illness in maintaining their employment. The paper tells the story of a person who became mentally ill, and ultimately lost his job to become dependent on the public mental health and Social Security systems for his survival. It then suggests how DMIE might assist people with psychiatric disabilities to maintain their employment and thrive in spite of the setbacks caused by mental illness.

The powerful concepts *self-direction* and *recovery* from mental illness are offered as vehicles to develop a system that provides people with mental illnesses with effective opportunities to manage the services and supports they need to maintain their independence. Additionally, collaboration of the public and private sectors is essential to achieving the vision set forth in this paper.

Losing Independence to Mental Illness

Imagine a young man, Jim, who was working full-time for three years as a machinist in a manufacturing firm. Jim was attending college at night to improve skills. He was doing well in his employment and was working toward a promotion. However, things started to change for Jim. He began to hear voices telling him that he was controlling the weather. He began to act differently around others, making odd comments that seemed out of context. When his supervisor spoke to Jim he became confused with Jim's answers to questions that did not make sense to him. But, Jim was still doing his work and was not bothering anyone overtly so his supervisor let it go.

After a few months went by, Jim started to miss work without calling. This was a clear violation of company policy and his supervisor confronted him about the absences. After several warnings from his supervisor and suggestions that Jim see a psychiatrist, he felt no other recourse but to fire Jim.

Over time Jim became more and more engulfed in his new passion of controlling the weather. He spent all his savings, and within a few months he got kicked out of his apartment, ultimately making his way to the local homeless shelter. The shelter manager contacted the local community mental health center who sent a social worker to the shelter three times a week to try to help Jim think about other options and to apply for

SSI support and Medicaid. Jim also agreed to see a psychiatrist who diagnosed him with paranoid schizophrenia.

Jim applied for SSDI and received \$907 per month. Most of this was spent for Jim to stay in a local rooming house. He was able to keep \$30 per month for spending money, a small sum compared to his \$25,000/year income working at the manufacturing plant. This was the beginning of Jim's long-term dependent relationship on the public system for support, which will in all likelihood continue for many years.

When Jim was fired from his job, his supervisor tried to find a replacement worker for him. He went through several applicants and found one who looked like a good candidate, but after training him, the new worker decided to quit and find a better job. The supervisor went through two additional employees before finding a candidate who decided to stay. After all the interviewing and training, the supervisor figured the company lost thousands of dollars in lost productivity. The supervisor wished he could have found a way to keep Jim.

Scenarios like Jim's play out in varying ways in countless workplaces across the country. There may be variation in terms of a person's symptoms, health insurance, and other factors, but too often the end result is that people experiencing symptoms of mental illness lose their jobs and end up in the public system for long periods of time. This is tragic on several levels. It is first a tragedy for the Jim who, in addition to becoming devastatingly ill, also lost a valuable role in society, as well as the freedom that comes with having income. It is a tragedy for the overburdened public service system, which is often challenged to assist a people to recover their independence; and it is a tragedy for employers who must incur the costs associated with hiring and retraining employees.

Real Alternatives

The CMS Demonstration to Maintain Independence and Employment grant is designed to help persons with mental illnesses and other disabilities keep their jobs while getting the help they need before they become mired in the social welfare system.

Consider Jim again. When Jim started experiencing symptoms, what if there were a program of service and support interventions for Jim and his employer? What if a professional mental health worker could come into the work place and help Jim get the help he needs? Could someone work with his employer to adjust Jim's environment to be more supportive during his time of crisis? Perhaps there are people who could work with Jim who have been through similar experiences and who could "coach" Jim through a process of change?

There are two emerging models in the mental health field that are useful in helping others like Jim to stay employed. These models are *recovery* and *self-direction*. Recovery from serious mental illness involves regaining a sense of purpose and control over one's life that overcomes, to the extent possible, the limitations imposed by the illness. People with mental illnesses are often faced with the same kinds of threats faced by Jim. The elements of the recovery model are based on fundamental human values and include:

- Maintaining meaningful relationships and social roles;
- Maintaining hope and purpose in life;
- Working to alleviate symptoms of the illness;
- Increasing vocational functioning;
- Maintaining independent living; and
- Developing supportive relationships with others who have mental illnesses.

Self-Direction asserts that the person recovering from mental illness is the expert on her life and therefore is the expert in how recovery goals should be met.

Self-direction is based on five interrelated values. The person has:

- *Freedom* to decide how to live one's life in a manner that maximizes the capability to reach one's goals and dreams.
- *Authority* to control the resources that are available for her care to purchase services and supports that enhance freedom to achieve goals and dreams.
- *Support* needed to make informed decisions about services and supports needed to achieve the goals of recovery.
- *Responsibility* for decisions that are made regarding goals, how to achieve them and the people who provide support.
- *Participation* of people with mental illnesses in the design and implementation of programs supporting people to maintain employment.

It may be apparent that these four areas of self-direction work together to create a powerful matrix of support for persons with mental illness. For instance, freedom to make decisions requires responsibility for those decisions, while authority to control resources requires support to make informed decisions. Giving participatory power to consumers ensures that the program is designed with their best interests in mind.

Using Jim's situation, assistance might be offered that helps him understand his symptoms, and move toward developing a set of goals that are important to him. Jim may want to select someone to assist him in developing a plan of care. The plan may detail a range of supports to not only stay at his current job but to plan for a future to obtain an MBA and become a general manager in a manufacturing plant. In order to achieve these goals Jim will be assisted to choose among a set of treatment and support options including psychiatric care, medications, training in recovery techniques, peer support groups, on-the-job support, crisis services, assistance in finding housing, and others. The principle of self-direction offers Jim the opportunity to choose who provides these services and supports as well.